

ROBSTOWN INDEPENDENT SCHOOL DISTRICT
INITIAL STUDENT REVIEW FORM - ELEMENTARY

School Year _____ Campus Name _____

Student's Last _____ First _____ Local I D: _____ Grade _____

Date of Birth _____ Home Language _____ H. L. Date _____ Immigrant
 Transfer

**Placement Bilingual Education Program
Pre K - 6th**

INITIAL TEST SCORES

Oral Language Prof. Test: _____ English Score _____ Spanish Score _____
(Name) (Date) Level Level

Norm Referenced Test _____ English Score _____ Spanish Score _____
(Name) (Date)

English Spanish Date _____

STAAR (Y/N & Score)
 ITPS (2nd grade only) Reading _____ / _____ Writing _____ / _____

<p align="center">LPAC RECOMMENDATION</p> <p>Language Classification: <input type="checkbox"/> LEP <input type="checkbox"/> Non-LEP</p> <p>Parent Apprv _____ Parent Denial _____ Date Date</p> <p>Exit Date _____</p> <p><input type="checkbox"/> Regular English Program <input type="checkbox"/> Elementary Bilingual Education <input type="checkbox"/> Secondary (6th grade only) Program <input type="checkbox"/> Special Education</p> <p>Other Testing Information</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>PRT (Pre K, 3 & 4)</td><td>_____</td></tr> <tr><td>TPRI (K-2nd)</td><td>_____</td></tr> <tr><td>QPS (3rd)</td><td>_____</td></tr> <tr><td>TELPAS comp scr</td><td>_____</td></tr> </table> <p>Comments <input type="checkbox"/> LPAC reviewed all current information</p> <p>.....</p>	PRT (Pre K, 3 & 4)	_____	TPRI (K-2nd)	_____	QPS (3rd)	_____	TELPAS comp scr	_____	<p>DATES: Enrollment in school _____ Placement in Program _____</p> <p align="center">STUDENT HISTORY FOR IMMIGRANT STUDENTS</p> <p><input type="checkbox"/> Student History Worksheet <input type="checkbox"/> Evidence of Inadequate Foundation of Learning</p> <p>Remember: Meet right before STAAR to determine Assessment Decision.</p> <p>Comments _____ _____</p> <p>LPAC Committee: Date _____</p> <p>Campus Administrator _____</p> <p>Bilingual/ESL Teacher _____</p> <p>Parent _____ Date _____</p> <p>Regular Teacher _____</p> <p>Counselor _____</p> <p>Other _____</p>
PRT (Pre K, 3 & 4)	_____								
TPRI (K-2nd)	_____								
QPS (3rd)	_____								
TELPAS comp scr	_____								